CLAIMS ONLY

Application Number	Filing Date
16/084833	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	1					
26						
27						
28						
29						
30						
31						
32						
33						
34	1					
35						
36						
37						
38						
39						
40						
41						
42						
43	1					
44						
45						
46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52	1					
53						
54						
55						
56						
57						
58						
59						
60						
61						
62	1					
63						
64						
65						
66						
67						
68						
69						
70	1					
71						
72						
73						
74						
75						
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86						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	6					
Total Depend	46					
Total Claims	52					